

**City of Milwaukee Health Department
Milwaukee County Communicable Disease Surveillance Network (SURVNET)
Phone: 414-286-3624
FAX: 414-286-0280**

**Guidelines for Management of Patients
Concerned About Anthrax Exposure**

- Adapted from the Wisconsin Department of Public Health, Health Advisory 10/11/01

Despite the recent media emphasis on bioterrorism in general and on anthrax in particular, it remains true that inhalation anthrax infection is an exceptionally rare condition. According to the recent Public Health Advisory issued by the Wisconsin Division of Health: *“The initial response of a clinician whose patient expresses concern about exposure to anthrax should be to reassure the patient that such an exposure is highly unlikely.”* Furthermore, please remember that the initial symptoms of anthrax infection are very similar to other upper respiratory infections, and we are entering the typical cold-and-flu season.

As with any medical situation, the cornerstone of good medical care is a clear and accurate patient history. Based on the patient history, the Milwaukee Health Department recommends the following approach to managing your patients with concerns about anthrax.

1. How long has the patient had symptoms? The mortality rate for inhalation anthrax is 86-100% within 3 days if untreated before onset of symptoms. Therefore, there is little reason to consider inhalation anthrax in a person who presents with a history of respiratory illness longer than 5 days duration.
2. Does the patient have credible exposure history? According to the Wisconsin Division of Public Health, a “credible history of possible anthrax exposure” means “exposure to a powdery substance from an unknown source within the past 60 days” or else a visit to a building where a known case of anthrax has lived or worked. Without a credible history of exposure, there is little reason to consider anthrax. **Do not order or collect specimens for anthrax or prescribe antibiotics against anthrax if there is no credible exposure history.**

Rationale: According to the FBI, there has been NO credible anthrax or other BT threat in Milwaukee so far, and furthermore law enforcement intelligence has not revealed evidence that Milwaukee is likely to be targeted with anthrax or any other BT agents. Indiscriminate use of antibiotics will most certainly increase the development of antibiotic resistance. In addition, testing of worried-well persons will waste expensive and limited resources, and will disrupt our capacity to respond to credible threats should any arise.

3. If you think your patient *may possibly* have a credible history of possible anthrax exposure and the “powdery substance” is available for analysis, please contact your local law enforcement agency and the FBI immediately. If the substance is not available, contact

your local health department for further guidance. In the City of Milwaukee, call 414-286-3606.

4. **If you think that your patient *definitely* has a credible history of potential exposure to anthrax, and if the “powdery substance” to which the patient was exposed is not available for analysis, then collect the following specimens:**

- ◆ A nasopharyngeal swab from each nostril. Place swabs in a *bacterial* transport system. Since the sensitivity of this test is relatively low, a negative result does not mean that the patient did not have an anthrax exposure.
- ◆ Collect a blood culture. Place into your facility’s blood culture bottles. If bottles are not available, collect blood in yellow-top (SPS) tube.
- ◆ Collect blood in a red-top tube for serum.
- ◆ If the patient is producing sputum, collect a deep-cough sputum in a sterile container. Call the State Laboratory of Hygiene for shipping instructions at 608-262-1616.

In addition, please note the following:

- ◆ Report the suspected case to the local health department immediately by phone. If the local health department cannot be reached, call the Wisconsin Division of Public Health at 608-267-9003 or 608-258-0099 after normal business hours.
- ◆ Please do not share any known or suspected case-related information with the public or news media until a public health and criminal investigation can be conducted and the circumstances surrounding the potential exposure can be confirmed.

5. **If you think that your patient *definitely* has a credible history of potential exposure to anthrax spores *within the past 7 days*, immediately begin prophylactic antibiotics.** The treatments of choice in this situation are either doxycycline 100 mg p.o. bid x 4 weeks, or ciprofloxacin 500 mg p.o. bid x 4 weeks.

Rationale: Although the incubation period for anthrax can be up to 60 days, the vast majority of patients develop symptoms within 48 hours of exposure.

Additional information is available as follows:

For infection control practitioners, laboratorians and public health officials:

<https://www.han.wisc.edu/whan/public/login.cfm>

For the general public:

<http://www.dhfs.state.wi.us/healthtips/BCD/Anthrax.htm>

<http://www.ci.mil.wi.us/citygov/health/FAQ-BioThreats.htm>

Don't hesitate to call us at 414-286-3606 if you have additional questions.